Name in Full Benjamin Alexander

Certificate of Death

Died at Town Sixth Dist County Cecil MARYLAND

Date 1899 Month June Day 9th Age Y. 18 M. D. Native of Md Occupation Laborer

Male White ~~Married~~ ~~Widow~~ Divorced

~~Female~~ ~~Colored~~ Single ~~Widower~~ Number of children living

Husband / Wife of —

Father's Name Jos Alexander Mother's Name Margie Alexander

Cause of Death Primary Phthysis Pulmonalis How long sick 6 mo

~~Immediate~~ ~~Accident, Suicide~~, Homicide

Reported by Geo. S. Dare M.D.

Address Resington Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 6-1968

Name in Full

Certificate of Death

Stephen Allen

Died at Town Alms house County Aaj MARYLAND

Date 1899 Month June Day 29 | Age Y. 35 M. D. | Native of | Occupation Loiner

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living 1

Husband of Wife Mrs Allen

Father's Name Stephen Allen Mother's Name

Cause of Death Primary Heart 5-7 How long sick long year

Immediate ~~Accident, Suicide, Homicide~~

Reported by B Hunsberger

Address N. East

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Benjamin D. Bayard

Died at North East (Town) Cecil (County) MARYLAND

Date 189 9 Month June Day 1st | Age Y. 27 M. years D. | Native of S. Car. | Occupation Grain Porter

Male ~~Female~~ | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living None

Husband of Wife ✓

Father's Name ✓

Mother's Name ✓

Cause of Death: Primary 145 d | How long sick ✓

Immediate Killed by train on P. W. & B. R. R. | Accident, ~~Suicide~~, ~~Homicide~~

Reported by Wm P. Dean Coroner

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65966

Name In Full Michael Thomas Beck

Certificate of Death

Died at near Town Cecilton County Cecil MARYLAND

Date 1899 Month 6 Day — Age Y. 53 M. — D. — Native of Queen Ann Co Occupation laborer

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living none

Husbend of Wife Maria Cooper

Father's Name Michael Beck Mother's Name Debby

Cause of Death Primary Coup de Soleil 147 How long sick

Immediate Paralysis ~~Accident~~, Suicide, ~~Homicide~~

Reported by J. H. Hardcastle

Address Cecilton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Name in Full

Certificate of Death

Francis J Bittner

Died at Town Woodlawn County Cecil MARYLAND

Date 189 9 Month 6 Day 22 | Age Y. 68 M. 6 D. 17 | Native of Berlin Germany | Occupation Farmer & Mason

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower ~~Divorced~~ | Number of children living 10

Husband / Wife of Alice Kenney

Father's Name Not known | Mother's Name Not known

Cause of Death — Primary: Thrown from wagon | How long sick

Immediate: Accident 145 e | Accident, ~~Suicide, Homicide~~

Reported by J T Brown

Address Woodlawn

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full

Certificate of Death

Benj. O. Byrd

Died at Town North East County Cecil MARYLAND

Date 189 Month 6 Day 1 | Age Y. 30 M. D. | Native of | Occupation

~~Male~~ ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~

Number of children living

Husband of
Wife

Father's Name

Mother's Name

Cause of Death: Primary — Killed by train — 145-d — How long sick

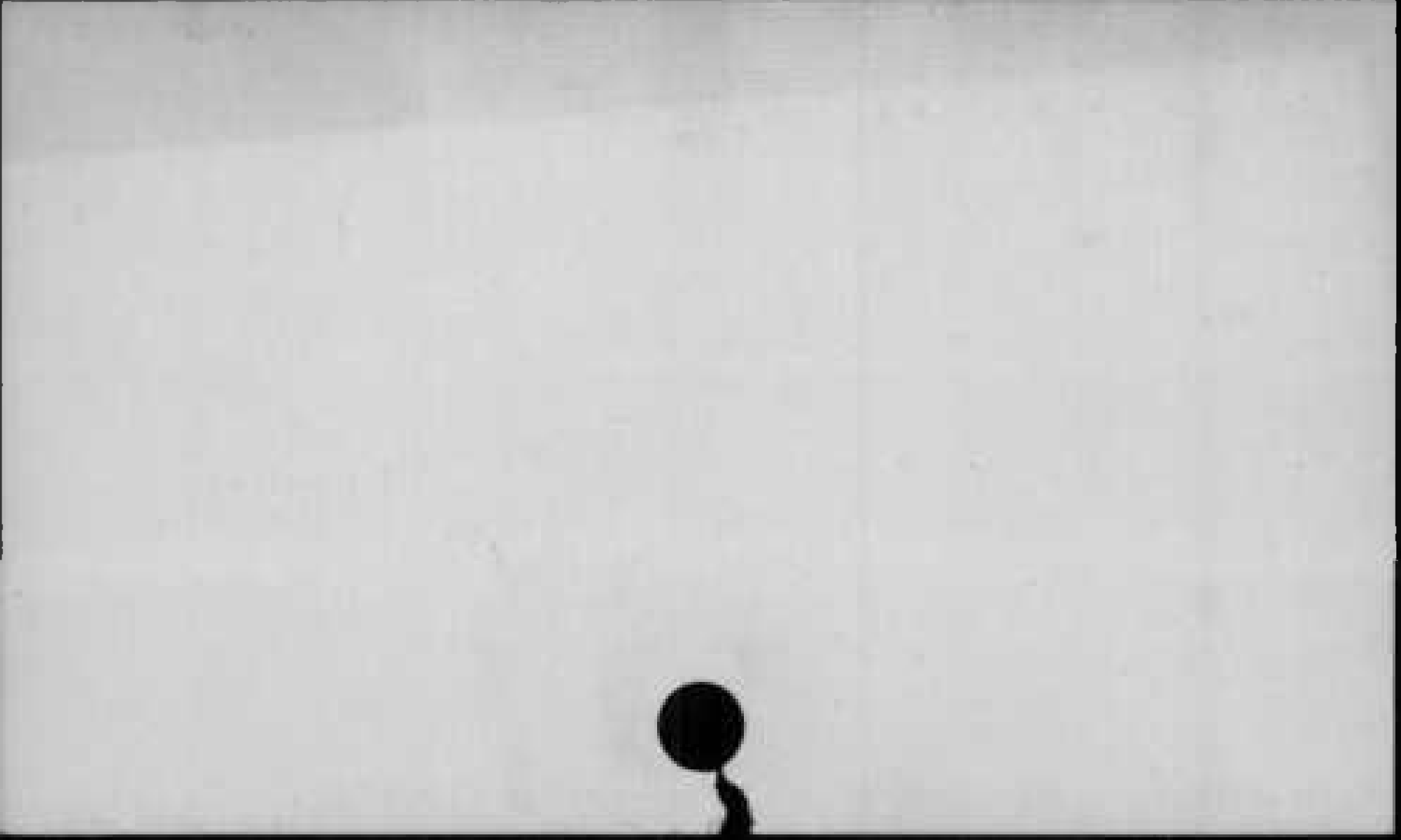
Immediate — Accident, Suicide, Homicide

Reported by Cecil Co. News 6-7

Address

Must be signed by physician, if any in attendance, otherwis[illegible] coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]



Name In Full

Certificate of Death

Isaac Dawson

Died ~~at~~ Town Chesapeake City County Cecil MARYLAND

Date 1899 Month June Day 21 Age Y. 76 M. D. Native of Occupation

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name Wm Dawson Mother's Name Sarah Dawson

Cause of Death Primary Dropsy 155a How long sick

Immediate Accident, Suicide, Homicide

OVER

Reported by Henry Vinsinger Undertaker

Address Elkton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

of _____

Name in Full William S. Harvey — Certificate of Death

Died at Town North East County Cecil MARYLAND

Date 1899 Month 6 Day 23 | Age Y 54 M 4 D 22 | Native of Md. | Occupation Carpenter

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | Widower ~~Widow~~ | Number of children living 8

Husband / Wife of Josephine E. Harvey

Father's Name Wm G Harvey | Mother's Name Mary A Harvey

Cause of Death — Primary: Pulmonary Tuberculosis — How long sick several Yrs

Immediate: Exhaustion 22a — Accident, Suicide, ~~Homicide~~

Reported by Theo. A. Horrace

Address North East Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Amos Aiken

Certificate of Death

Died at Town Warwick County Cecil MARYLAND

Date 1899 Month June Day 27 | Age Y. 4 M. 0 D. | Native of Md | Occupation —

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living #

Husband of Wife

Father's Name R Delbert Aiken

Mother's Name Ella Wilson

Cause of Death: Primary Dentition

Immediate Meningitis

How long sick 2 Weeks

~~Accident, Suicide, Homicide~~

Reported by J. J. Wright M.D.

Address Warwick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full John McAllister

Certificate of Death

Died at Town Blake County Coos MARYLAND

Date 1899 Month 6th Day 17th | Age Y. 73 M. D. | Native of Penna | Occupation Carpenter

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 3

Husband ~~Wife~~ of Mary Ewing

Father's Name | Mother's Name

Cause of Death: Primary — Consumption — How long sick 7 Months

Immediate — " — ~~Accident, Suicide, Homicide~~

Reported by Dr. A. Richardson

Address Colebrook N.H.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — Certificate of Death

Mrs. Mary McIntire

Town — County

Died at near Elkton Cecil MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
6	23	59				

Date 189 9

~~Male~~ / Female — White / ~~Colored~~ — ~~Married~~ / ~~Single~~ — Widow / ~~Widower~~ — ~~Divorced~~ — Number of children living 4

~~Husband~~ / Wife of James McIntire

Father's Name Henry Gilpin — Mother's Name

Cause of Death — Primary: Apoplexy 42 — How long sick

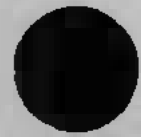
Immediate — Accident, Suicide, Homicide

Reported by Cecil Co Mus 6-28

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Helen Price Marcus

Died at Town Elkton County Cecil MARYLAND

Date 189 9 Month June Day 21 | Age Y. — M. 4 D. — | Native of Elkton | Occupation Infant

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single Widower ~~Number~~ of children ~~living~~

Husband of Wife

Father's Name Hyland P. Marcus

Mother's Name Josephine Forsythe

Cause of Death

Primary Inanition 140

How long sick 2 mos

Immediate Exhaustion Starvation

Accident, Suicide, Homicide

Reported by Howard Bratton MD

Address Elkton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79766

Name in Full: John T. Moore -

Certificate of Death

Died at: Town: Penguille County: Cecil MARYLAND

Date 1899 Month: June Day: 15 Age Y. 49. M. — D. Native of: Maryland Occupation: R.R. Flagman

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow ~~Widower~~ Divorced

Number of children living: Six

Husband / Wife of: Mary Monnier

Father's Name

Mother's Name: 66

Cause of Death: Primary

Immediate: Sudden Rupture of Coronary

How long sick

Accident ~~Suicide~~ Homicide

Reported by: Geo. M. Stumb

Address: Penguille

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Amelia L. Ruehr

Certificate of Death

Died at Town: Port Deposit County: Cecil MARYLAND

Date 1899 Month: June Day: 24 Age Y. 62 M. 0 D. 6 Native of: Germany Occupation: Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 6

Husband of Wife: Erhard Ruehr

Father's Name: Frederick Sitzler Mother's Name: Regina Sitzler

Cause of Death: Primary Valvular Heart disease 4 mos How long sick

Immediate Exhaustion 57 ~~Accident, Suicide, Homicide~~

Reported by: S. G. Fisher

Address: Port Deposit, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 05968

Name in Full

Certificate of Death

Leonard Franklin Scott

Died at Port Deposit (Town) Cecil (County) MARYLAND

Date 189~~7~~ Month June Day 20 | Age Y. 0 M. 2 D. 0 | Native of Md | Occupation Farmer

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name Augustus Scott | Mother's Name Lucy Scott

Cause of Death: Primary Pneumonia 6 2 | How long sick 1 wk

Immediate Pneumonia. | ~~Accident, Suicide, Homicide~~

Reported by H E Thomas

Address Port Deposit Cecil Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full James Sehlus

Certificate of Death

Died at Town Cecilton County Cecil MARYLAND

Date 1899 Month 6 Day 16 | Age Y. 45 M. 0 D. 0 | Native of Cambridge | Occupation Laborer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ | Number of children living one

Husband ~~Wife~~ of Martha Benton 22a

Father's Name Unknown | Mother's Name Lara Sehlus

Cause of Death: Primary Phthisis Pulmonalis | How long sick 16 mo

Immediate Haemmorhage Pulmo ~~Accident Suicide Homicide~~

Reported by J. H. Hardcastle

Address Cecilton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 05968

Name in Full Lily S. Thompson

Certificate of Death

Died at Town Rising Sun County Cecil MARYLAND

Date 1899 Month 6 Day 3 | Age Y. 4 M. 5 D. | Native of | Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name

Cause of Death { Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Cecil Ithig 6-10

Address

Must be signed by physician, if any in attendance, otherwise h[illegible]oner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Belle Van Fleet.

Certificate of Death

Died at Port Deposit (Town) Cecil Co. (County) MARYLAND

Date 1894 June (Month / Day) Age Y. 49 M. 2 D. 3 Native of Md Occupation Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 0

~~Husband~~ Wife of Charles Van Fleet.

Father's Name Orr. Mother's Name Caroline Orr.

Cause of Death: Primary Cancer of Uterus — How long sick 3 mo

Immediate Heart Failure 25 d — ~~Accident, Suicide, Homicide~~

Reported by H E Clemson

Address Port Deposit Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 68968

Name in Full — Certificate of Death

Mrs Florence Wills

Died at — Town: Elkton — County: Cecil — MARYLAND

Date 189 9 — Month: June — Day: 18 — Age: Y. 45 M. D. — Native of: MS — Occupation: house wife

~~Male~~ — White — Married — ~~Widow~~ — ~~Divorced~~

Female — ~~Colored~~ — ~~Single~~ — ~~Widower~~ — Number of children living 3

~~Husband~~ Wife of J. F. Wills

Father's Name: Geo. Harland — Mother's Name: Sarah Gallahan

Cause of Death — Primary: Brights disease 97 — How long sick: 3 yrs

Immediate: Uremia — ~~Accident, Suicide, Homicide~~

Reported by: Jno. W. Cooper J. M.D.

Address: Elkton, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65088

Name in Full

T. Jefferson Worters

Certificate of Death

Died at Town Chesapeake City County Cecil MARYLAND

Date 1899 Month 6 Day 3 | Age Y. 88 M. D. | Native of | Occupation

Male ~~White~~ Married Widow Divorced

~~Female~~ Colored Single Widower Number of children living

Husband of Wife

Father's Name

Mother's Name 22e

Cause of Death { Primary Throat Consumption | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Cecil Cr. News 6-21

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Bethel Cemetery.